Modified Duty Job Analysis Form

Injured Worker: _____ **Claim Number:** _____

Employer: _____ **Source:** _____

Address: _____ **Title:** _____

City, State, ZIP _____ **Phone #:** _____

Modified Duty Job Title: _____

Job Summary: _____

Essential Functions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Equipment, Machines, Tools and Vehicles Used:

_____

_____

_____

_____

Environmental Conditions:

Number of hours per day indoors: _____ Number of hours per day outdoors: _____

Exposures	Minimum	Moderate	Severe
Fumes/dust/gases	☐	☐	☐
Noise level	☐	☐	☐

Injured Worker: _____ **Claim Number:** _____

Modified Duty Job Title: _____

In an 8 hour workday, the employee is required to:

Action	0-3 Hours	3-5 Hours	5-8 Hours	Never	Comments/Conditions
Lift 0-10 lbs.	☐	☐	☐	☐	
Lift 11-20 lbs.	☐	☐	☐	☐	
Lift 21-50 lbs.	☐	☐	☐	☐	
Lift over 100 lbs.	☐	☐	☐	☐	
Carry 0-10 lbs.	☐	☐	☐	☐	
Carry 11-20 lbs.	☐	☐	☐	☐	
Carry 51-100 lbs.	☐	☐	☐	☐	
Carry over 100 lbs.	☐	☐	☐	☐	
Stand	☐	☐	☐	☐	
Walk	☐	☐	☐	☐	
Sit	☐	☐	☐	☐	
Push	☐	☐	☐	☐	
Pull	☐	☐	☐	☐	
Climb	☐	☐	☐	☐	
Crawl	☐	☐	☐	☐	
Bend	☐	☐	☐	☐	
Kneel	☐	☐	☐	☐	
Squat	☐	☐	☐	☐	
Twist	☐	☐	☐	☐	
Reach	☐	☐	☐	☐	
Grasp	☐	☐	☐	☐	
Drive	☐	☐	☐	☐	

This modified job falls into the following category:

☐ **Sedentary:** Lifting 10 lbs. maximum and occasionally lift/carry items, mostly 5-6 hours sitting.

☐ **Light:** Lifting 20 lbs. maximum, frequently lift/carry up to 10 lbs., mostly 0-3 hours sitting.

☐ **Medium:** Lifting 50 lbs. maximum, frequently lift/carry up to 25 lbs.

☐ **Heavy:** Lifting 100 lbs. maximum and frequently lift/carry up to 50 lbs.

☐ **Very Heavy:** Lifting over 100 lbs. and frequently lift/carry more than 50 lbs.

Completed by: _____ Date: _____

Approved by Physician: ☐ YES ☐ NO (please check one)

(If no, indicate on form which activities and/or physical demands are prohibited).

Physician: _____ Date: _____